MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031827** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21				1		
22		1		1		
23	1		1			
24		1		1		
25		1				
26		3				
27						
28		6				
29		1				
30	1					
31						
32		1				
33		6				
34		6				
35		0				
36		1				
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45						
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48						
49						
50						
TOTAL IND.	5		3			
TOTAL DEP.	36		20			
TOTAL CLAIMS	41		23			

	IND.	DEP.	IND.	IND.	DEP.
51					
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98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

PTO-1360 (3-78)